

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12463
Registrar's No. 10407

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 12463 Registrar's No. 10407	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2815 LaSalle St.				d. STREET ADDRESS (If rural, give location) 22 2815 LaSalle St.			
3. NAME OF DECEASED (Type or Print) Mattie		a. (First) _____ b. (Middle) King c. (Last) _____		4. DATE OF DEATH Dec. 4, 1950 (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 2, 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) 76		11. BIRTHPLACE (State or foreign country) DeSota County, Miss.	
13a. FATHER'S NAME Louis Hampton		13b. MOTHER'S MAIDEN NAME Dinah Boyd		14. NAME OF HUSBAND OR WIFE Charlie King 2815		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John King ADDRESS 2815 LaSalle			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis				INTERVAL BETWEEN ONSET AND DEATH 1 wk			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis				17 yr 3			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H22.2			
22. I hereby certify that I attended the deceased from 11/27 , 19 50 , to 1/4 , 19 50 , that I last saw the deceased alive on 11/27 , 19 50 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE L R Wentzel M.D. (Degree or title)				23b. ADDRESS 2726 Chautau		23c. DATE SIGNED 1/6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-7-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Baptist Cemetery		24d. LOCATION (City, town, or county) (State) Memphis, Tenn.	
DATE REC'D BY LOCAL REG. DEC 6 1950		REGISTRAR'S SIGNATURE J B Lester		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Hoance		ADDRESS 1221 N. Grand	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Clarence Croome

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 7th Ave

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.